

# Program Inspection Compliance Plan

Provider's Name: **Faulkton Area OST Program**

City: **Faulkton**

Provider Number: **011102455**

Inspector: **Julie Hermansen**

Date of Inspection: **01/12/2024**

Time of Inspection: **12:11 PM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

## Posting Information/ Emergency Preparedness/ Record Keeping/ Provider C. Qualifications

39. Do employee records contain all required information? 67:42:17:15

Corrections To Be Made:

**SH - DCI Check**

**SH - Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check**

**EM - Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check**

**AT - Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**02/02/2028**

Actual  
Completion  
Date:

**02/21/2024**

Status: **Corrected**

**April Sorensen**

Provider Signature

**01/12/2024**

Date

**Julie Hermansen**

Inspector Signature

**01/12/2024**

Date